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DATE: December 3, 2004

PTO IDENTIFIER: Application Number 09/769057-Conf. #5066
Patent Number

Inventor: Loukritia Balkos et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: CONNOLLY BOVE LODGE & HUTZ LLP
Patricia Smink Rogowski - Reg. No. 33,791

PHONE: (302) 658-9141

Attorney Dkt. #: 4754*39

PAGES (Including Cover Sheet): 12

CONTENTS: Response and Amendment (8 pages)
Fee Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 09/769057

Attorney Docket No.: 4754*39

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Response and Amendment (8 pages)

Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete If Known	
TOTAL AMOUNT OF PAYMENT	(\$)	490.00	Attorney Docket No.
			04754-00039-USA

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)		
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	2. EXTRA CLAIM FEES		
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None		<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Deposit Account Number 03-2775			Each claim over 20	18	9
Deposit Account Name Connolly Bove Lodge & Hutz LLP			Each independent claim over 3	88	44
The Director is authorized to: (check all that apply)			Multiple dependent claims	300	150
<input checked="" type="checkbox"/> Charge fee(s) indicated below			For Reissues, each claim over 20 and more than in the original patent	18	9
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17			For Reissues, each independent claim more than in the original patent	88	44
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17					
<input checked="" type="checkbox"/> Credit any overpayments					
To the above-identified deposit account.					
<input type="checkbox"/> Other (please identify): _____					
FEE CALCULATION					
1. BASIC FILING FEE					
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>		
Utility Filing Fee	790	395	_____		
Design Filing Fee	350	175	_____		
Plant Filing Fee	550	275	_____		
Reissue Filing Fee	790	395	_____		
Provisional Filing Fee	160	80	_____		
Subtotal (1)	\$ 0.00				
3. OTHER FEES					
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>		
1-month extension of time	110	55	_____		
2-month extension of time	430	215	_____		
3-month extension of time	980	490	490.00		
4-month extension of time	1,530	765	_____		
5-month extension of time	2,080	1,040	_____		
Information disclosure Stmt. Fee	180	180	_____		
37 CFR 1.17(g) processing fee	50	50	_____		
Non-English specification	130	130	_____		
Notice of Appeal	340	170	_____		
Filing a brief in support of appeal	340	170	_____		
Request for oral hearing	300	150	_____		
Other:					
Subtotal (3)	\$ 490.00				
SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	33,791	Telephone (302) 658-9141
Name (Print/Type)	Patricia Smink Rogowski		Date	December 3, 2004	

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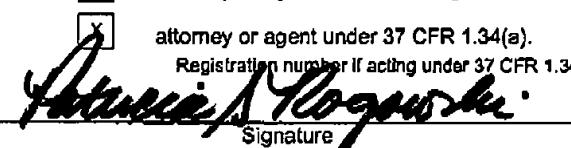
NO. 4747 P. 4/12

DEC 03 2004

PTO/SB/22 (10-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 04754-00039-USA																		
Application Number	09/769057-Conf. #5066	Filed October 29, 2003																		
For PRESS FOR MAKING PATTIES AND METHOD OF OPERATION																				
Art Unit 1722	Examiner	D. H. Heckenberg																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																				
<table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110.00</td> <td>\$55.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$430.00</td> <td>\$215.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$980.00</td> <td>\$490.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1,530.00</td> <td>\$765.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2,080.00</td> <td>\$1,040.00</td> </tr> </tbody> </table>				Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00																		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00																		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-2775</u> . I have enclosed a duplicate copy of this sheet.																				
I am the <input type="checkbox"/> applicant/inventor, <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>33,791</u>  Signature _____ <u>Patricia Smink Rogowski</u> Typed or printed name _____																				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																				
<input type="checkbox"/> Total of <u>1</u> forms are submitted.																				